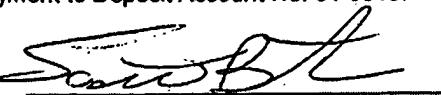


FEE AUTHORIZATION / AMENDMENT TRANSMITTAL				Atty's Docket No: 6155-US-NP		
Serial No. 10/600,129	Filing Date June 19, 2003	Examiner Anne L. Holleran	Group Art Unit 1643			
In Re Application of Sarah S. Bacus et al. For Method for Predicting Response to Epidermal Growth Factor Receptor-Directed Therapy						
TO THE COMMISSIONER FOR PATENTS:						
<input checked="" type="checkbox"/> Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a):						
<input type="checkbox"/> One month of original due date (\$130.00) <input type="checkbox"/> Two months of original due date (\$490.00) <input checked="" type="checkbox"/> Three months of original due date (\$1,110.00) <input type="checkbox"/> Four months of original due date (\$1,730.00) <input type="checkbox"/> Five months of original due date (\$2,350.00)						
<input checked="" type="checkbox"/> A response in connection with the matter for which this extension is requested: <input checked="" type="checkbox"/> is filed herewith. <input type="checkbox"/> has been filed. <input type="checkbox"/> The response is the filing of a continuing application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application.						
<input checked="" type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required. <input type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows:						
CLAIMS AS AMENDED						
(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6)	(7) Additional Fee
Total Claims	Minus		=	0	x \$52	= \$ 0.00
Indep. Claims	Minus		=	0	x \$220	= \$ 0.00
<input type="checkbox"/> First Appearance of a multiple dependent claim					+ \$390	= \$ 0.00
Total Additional Fee for this Amendment					\$ 0.00	
* If the entry in column 2 is less than the entry in column 4, write "0" in column 5. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.						
<input type="checkbox"/> The following other fees are incurred by the accompanying papers. <input type="checkbox"/> Other: _____						
<input checked="" type="checkbox"/> Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of <u>\$1110.00</u> . A duplicate copy of this petition is attached.						
<input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a request therefore.						
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees, which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519.						
<u>Please Send Future Correspondence To:</u> 21069 U.S. Patent Operations/SNB Dept. 10200, M/S 28-2-C AMGEN INC. One Amgen Center Drive Thousand Oaks, California 91320-1799, USA						
 Scott N. Bernstein Attorney/Agent for Applicant(s) Registration No.: 38,827 Phone: (805) 447-4128 Date: July 21, 2009						

CERTIFICATE OF TRANSMISSION (37 CFR 1.8a)
 I hereby certify that this correspondence is being transmitted to the USPTO via the USPTO EFS on July 21, 2009.

Date: July 21, 2009

Lynne Buckbaum
 Signature
 Name: Lynne Buckbaum